4	\2	1 8 2006 B	or <u>F</u>	Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 K (571) 273-2885			
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27510 7	590 10/18/2005			have its own certifica	ite of mailing or transmission.	or to man drawing, man	
KILPATRICK STOCKTON LLP 607 14TH STREET, N.W. WASHINGTON, DC 20005 /19/2006 MBEYENE2 00000039 10821928				I hereby certify that States Postal Service addressed to the Ms transmitted to the US	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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APPLICATION NO.	<u> </u>		EIDST NAMED	INIVENITOR	ATTORNEY DOCKET NO	CONFIDMATION NO	
10/821,928	94/12/2004		Jessica Miriar		SAIC0056-CON2	CONFIRMATION NO.	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$140	0	\$300	\$1700	01/18/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
BALI, VIKKRAM			3	382-191000	-		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			(2) the name registered a 2 registered	the names of up to 3 registered patent attorneys ents OR, alternatively, the name of a single firm (having as a member a cred attorney or agent) and the names of up to istered patent attorneys or agents. If no name is no name will be printed. 1 Kilpatrick Stockton 2			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO BE	PRINTED ON	THE PATENT	(print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be a 37 CFR 3.11. Completion of	ow, no assignee f this form is NO	data will appea T a substitute fo	ar on the patent. If an assign filing an assignment.	nee is identified below, the d	ocument has been filed fo	
(A) NAME OF ASSIGN Science App Corporati	lications Inter	7	•	c: (CITY and STATE OR CC go, California	OUNTRY)		
Please check the appropriate	assignee category or categor	ies (will not be pi	rinted on the pat	ent): 🗖 Individual 🖫	Corporation or other private gro	oup entity Government	
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Issue Fee				the amount of the fee(s) is e			
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a. Applicant claims S	(from status indicated above) MALL ENTITY status. See 3	7 CFR 1.27.			ALL ENTITY status. See 37 Cl		
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Authorized Signature				Date	1/17/06		
Typed or printed name	George T.	Marcou		Registration	n No. 33,014		
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